

FILE NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/366,656	08/03/99	424	1615	JOMA114266

MURRAY A. JOHNSTONE, SEATTLE, WA.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED ~~PROVISIONAL APPLICATION NO.~~ 60/037,237 02/04/97

*Contin of*

*PCT/US98/02289/ 2/3/98*

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED ~~THIS APPLN IS A 371 OF~~ PCT/US98/02289 02/03/98

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/25/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WA	SHEETS DRAWING 0	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Initials _____ Initials _____				

ADDRESS	CHRISTENSEN O'CONNER JOHNSON & KINDNESS 1420 FIFTH AVENUE SUITE 2800 SEATTLE WA 98101
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TITLE	METHOD OF ENHANCING HAIR GROWTH
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FILING FEE RECEIVED  \$484	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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